

**COMMONWEALTH PROCUREMENT CARD USE EMPLOYEE AGREEMENT**

**EMPLOYEE NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

As an employee of the Department, I hereby voluntarily accept a Commonwealth of Massachusetts Procurement Card. I understand that I am not required to accept a Procurement Card as a condition of my employment and that I have the right to refuse to use the Procurement Card. I understand that the Procurement Card is being provided to me as an alternative payment mechanism and that whenever I use the Procurement Card I will be making financial commitments on behalf of the Department. I understand and agree that I shall be accountable for ANY use of the Procurement Card while in my possession and I agree not to allow any other person to have possession of the Procurement Card or to use the Procurement Card for any reason.

I agree to keep the Procurement Card provided to me in a secure place at all times so that the Procurement Card will not be stolen, misplaced, lost, or misused. I agree to verify my possession of the Procurement Card at least once per week and to IMMEDIATELY notify the Statewide Contractor and my Supervisor and Chief Fiscal Officer in the event I discover that the Procurement Card has been lost, misplaced, stolen or otherwise misused. I understand that I will not be held personally liable for unauthorized purchases made on a stolen, misplaced, lost or misused Procurement Card, however the Department may remove my future use of the Procurement Card or take whatever other disciplinary actions authorized under the Department's personnel policies.

I understand that the Department is liable to Bank of America for all charges that I make on the Procurement Card issued for my use. I agree to use the Procurement Card responsibly and in accordance with restrictions and approved purposes in the Department's Procurement Card Policies and Procedures. I agree to use my best efforts to achieve the best value for purchases of commodities or services for the Department and the Commonwealth in accordance with 801 CMR 21.00 and the Procurement Policies and Procedures Handbook specifications for Incidental Purchases.

**I agree to use the Procurement Card for approved business purchases only and I agree that the Procurement Card may not be used under any circumstances to purchase items for my personal use or for any use not authorized by the Department.** I agree that no purchases made with this card will be for alcohol products. I understand that this card will not be used for the purchase of medical services or with any vendor known by me to be unincorporated. I understand and agree that my Department, the Operational Services Division and the Comptroller's Office may audit my use of the Procurement Card and that these offices may report upon and take whatever appropriate action is deemed necessary to investigate and resolve any discrepancies concerning my use of the Procurement Card. I agree to cooperate fully with any investigation, audit, or resolution process.

I confirm that I have been given copies of, and I have read and agree to follow the internal Department Procurement Card Use Policies and Procedures AND the Commonwealth Policies and Procedures for Procurement Card Use AND the WORKS Procurement Card Agreement. I understand and agree that failure to follow these policies and procedures may result in revocation of my Procurement Card use privileges and may result in other disciplinary actions authorized for employee misconduct in accordance with the Department's Employee Handbook, any applicable Codes of Conduct, State Ethics Commission rules, collective bargaining agreement or other relevant policies.

I understand that my Employee number, which is listed below, will be used on the Bank of America Department Account Designation form for identification purposes only and that no Procurement check will be done against my Employee number. I agree to return the Procurement Card immediately upon a) request of the Statewide Contractor, the Department or the Office of the Comptroller, or b) upon termination of my employment, including retirement, or any anticipated extended leave of absence of more than five (5) days.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Approving Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Supervisor's Title: \_\_\_\_\_

Chief Fiscal Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_